

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050630
STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 6234 Registrar's No. 74

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1090

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 26 1963

1. PLACE OF DEATH
a. COUNTY Warren

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Elkhorn township

Length of stay in 1b
2 1/2 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION S.W. of Warrenton

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Warren

c. CITY OR TOWN Warrenton

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS R.R. #3 (If outside, give location)

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Bertha

Middle Esther

Last Smith

4. DATE OF DEATH

Month Day Year
Dec. 18, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 12-23-1888

9. AGE (last birthday) 74
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Own home

11. BIRTHPLACE (City and state or country)
Warren County, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Thomas Polston

13b. MOTHER'S MAIDEN NAME

Nancy Rattles

14. NAME OF HUSBAND OR WIFE

Edward Smith, decd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

17. INFORMANT

Clark Smith

Address 2020 N. 5th
St. Charles, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRAL EMBOLISM

INTERVAL BETWEEN
ONSET AND DEATH

DUE TO (b)

ATHEROSCLEROSIS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CONGESTIVE HEART FAILURE

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 31 Aug 62 to DATE of DEATH and last saw her alive on 17 Dec 63
Death occurred at 7 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

JONESBURG, Mo.

22c. DATE SIGNED

19 Dec 63

23a. BURIAL CREMATION, REMOVAL (Specify)
Burial

23b. DATE

12-20-63

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

St. Charles, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Prinster-Baue, St. Charles, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 19, 1963

26. REGISTRAR'S SIGNATURE

Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

JAN 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frederick M. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.